

## APPLICATION FOR REVIEW

-Complete all pages-

**NOTE:** Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

## PUBLIC SWIMMING POOLS

### Safety & Buildings Division

201 W Washington Ave  
53703

PO Box 7162  
Madison, WI 53707-7162

Phone: 608-266-3151  
Fax: 877-840-9172  
TDD: 608-261-8777  
Email: PlanSchedule@commerce.state.wi.us

This page may be utilized for fax appointments

Complete and indicate date plans will be in our office \_\_\_\_\_

### Complete for confirmed appointments:

Transaction ID: \_\_\_\_\_  
Previous Related Trans. ID: \_\_\_\_\_  
Review Start Date\*: \_\_\_\_\_  
Assigned Reviewer: \_\_\_\_\_  
Assigned Office: \_\_\_\_\_  
\*Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment.  
A minimum of 4 plan sets required, a maximum of 5 allowed.  
**For plan status checks, see our website at**  
**<http://www.commerce.state.wi.us/SB/SB-DivReviewStatusSearch.html>**

### 1. TYPE OF PLAN SUBMITTAL OR SERVICE REQUESTED (check all that apply)

#### ( ) Swimming Pool

- ( ) Swimming, skimmer
- ( ) Swimming, gutter
- ( ) Diving, skimmer
- ( ) Diving, gutter
- ( ) Combination (swimming/diving), skimmer
- ( ) Combination (swimming/diving), gutter
- ( ) Wading, skimmer
- ( ) Wading, gutter

#### ( ) Whirlpool

- ( ) By Itself
- ( ) With Another Pool

#### ( ) Therapy Pool

- ( ) Warm
- ( ) Cold

#### ( ) Water Attraction

- ( ) Activity (wading pool with plan features)
- ( ) Leisure River
- ( ) Pad Walk
- ( ) Plunge Pool
- ( ) Runout Slides
- ( ) Splash Pad
- ( ) Vanishing Edge
- ( ) Wave
- ( ) Zero Depth

#### ( ) Slides

- ( ) Slide(s) # of slides \_\_\_\_\_
- ( ) Slide Structure (A separate structural review of slides over 6' in height is required. Submit separate application form and 4 separate plan sets. This review is independent of the water attraction/pool and will be scheduled in Madison or Waukesha)

#### ( ) Alternate

- ( ) New ( ) Modification

#### ( ) Experimental

- ( ) New ( ) Modification

### 2. Check all that apply

- ☐ New
- ☐ Revision\*
- ☐ Alteration\*

\*Indicate what was revised or altered on the plan

### 3a. Project Information – Fill in all known information

Project/Site Name \_\_\_\_\_

Number & Street \_\_\_\_\_

Legal Description \_\_\_\_\_

County \_\_\_\_\_ City ( ) Village ( ) Town ( ) \_\_\_\_\_

### 3b. Tenant Name or Building Designation : Example: West Mall/Jim's Shoes, Bldg #1

Tenant or Building Address \_\_\_\_\_ Zip Code \_\_\_\_\_

### 4. After plans are reviewed, please: (check all that apply)

- ☐ Call customer 1, 2, 3 (circle one)\*
- ☐ Hold plans for pickup by designer or designated agent
- ☐ Mail plans to customer 1, 2, 3 (circle one)\*

\*Refers to customer number from below

5. Complete the following designer/owner information. Utilize the check boxes when designer, owner or supervising professional is the same to avoid repeating information.

### Designer Information (Customer 1)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Commerce Customer Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 (9 digits) \_\_\_\_\_

(Area Code) Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ email address \_\_\_\_\_

### Information (Customer 3)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Commerce Customer Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 (9 digits) \_\_\_\_\_

(Area Code) Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ email address \_\_\_\_\_

### Owner Information (Customer 2)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Commerce Customer Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 (9 digits) \_\_\_\_\_

(Area Code) Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ email address \_\_\_\_\_

**Make checks payable to the Department of Commerce.**

**Attach check here.**

**Total Amount Due \$ \_\_\_\_\_**

**Revenue Code 7650**

The Following Must Be Completed For Each Type of Pool Indicated in Box 1 of Page 1.

Type of Pool \_\_\_\_\_ Transaction I.D. \_\_\_\_\_

**6. CALCULATIONS** (Need separate set of calculations for each pool.)

Pool Surface Area	sq. ft.	Perimeter	ft.	Pool Patron Load
Volume	cu. ft.	Volume	gals.	
Turnover Time	hrs.	Recirculation Rate	gpm.	
<b>Recirculation Pump:</b> Make		Model	gpm at	ft. TDH
<b>Filter:</b> Make		Model	Type	
Number of		Surface Area per Filter in sq. ft.	<input type="checkbox"/> NSF Approved	
<b>Disinfectant Feeder:</b> Make		Model	<input type="checkbox"/> NSF Approved	Type of Disinfectant
<b>Overflow System:</b> <input type="checkbox"/> <b>Gutter type:</b> Surge Tank volume in gallons				
<input type="checkbox"/> <b>Skimmer type:</b> Make Model Number of				
<b>Inlets:</b> Make		Model	<input type="checkbox"/> Directional <input type="checkbox"/> Adjustable <input type="checkbox"/> Wall <input type="checkbox"/> Floor	
Number of		Orifice Diameter		
<b>Main Drains:</b> Make		Model	Number of	Open Area per Drain in sq. in.

**7. NUMBER OF DRESSING, SHOWER AND TOILET FACILITIES**

Female:	Toilets	Lavatories	Showers	
Male:	Toilets	Lavatories	Showers	Urinals
Unisex:	Toilets	Lavatories	Showers	

**8. SUBMITTAL TYPE AND REQUIRED FEES:**

Item Description - Indicate which pool the above calculations are for. Check one only.	Fee Computation (doubled for installations without approval)		Required Fee
	Project Not in Agent Inspection Area*	Project in Agent Inspection Area*	
( ) Public Swimming Pool, gutter type	\$900.00	\$600.00	
( ) Public Swimming Pool, skimmer type	\$750.00	\$450.00	
( ) Water Attractions	\$900.00	\$600.00	
( ) Public Whirlpool	\$750.00	\$450.00	
( ) Slide Functional Requirements Submitted with the Pool	\$0.00	\$0.00	
( ) Slide Functional Requirements Submitted Separately	\$270.00	\$120.00	
( ) Slide-Structural Review of Slides Over 6' in Height	\$300.00	\$300.00	
( ) Revision/Modification to Slide	\$120.00	\$120.00	
( ) Modification to existing public swimming pool, water attraction, or public whirlpool	\$500.00	\$200.00	
( ) Revision to previously approved public swimming pool, water attraction or public whirlpool plan	\$120.00	\$120.00	
( ) Alternate or experimental design	\$1050.00	\$750.00	
( ) Modification to alternate or experimental design	\$675.00	\$375.00	
( ) Revision to previously approved alternate or experimental design	\$150.00	\$150.00	

➔ Petition for Variance (Submit Form #SBD-9890)

Enter subtotal here (and include with Grand Total at bottom of page 1 \_\_\_\_\_)

\*Agent municipalities who do Pool Inspection:

City of Madison, City of Milwaukee, City of Racine, Portage County

9.

Signature	Supervising Professional License Number	Date
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